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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	631020.90015
	<b>First Named Inventor</b>	Martin G. Sirois
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 945,131
	<b>Filing Date</b>	August 31, 2001
	<b>Group Art Unit</b>	1635
<b>Examiner Name</b>		

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOCALIZED OLIGONUCLEOTIDE THERAPY FOR PREVENTING RESTENOSIS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) August 31, 2001 as United States Application Number or PCT International

Application Number 09/945,131 and was amended on (MM/DD/YYYY) n/a (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
n/a			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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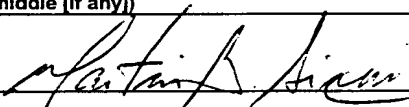
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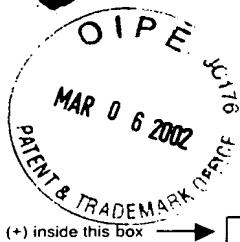
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Name					
Address					
Address					
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Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Martin G.			Family Name Sirois or Surname		
Inventor's Signature 			Date 12/11/01		
Residence: City Montreal		State Quebec	Country Canada	Citizenship Canada	
Mailing Address 5000 Belanger Street					
Mailing Address					
City Montreal		State Quebec	ZIP H1T 1C8	Country Canada	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Elazer R.			Family Name Edelman or Surname		
Inventor's Signature			Date		
Residence: City Brookline		State MA	Country USA	Citizenship USA	
Mailing Address 91 Baxter Road					
Mailing Address					
City Brookline		State MA	ZIP 02146	Country USA	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert D.		Rosenberg	
Inventor's Signature		Date	
Residence: City Jamestown	State RI	Country USA	Citizenship USA
Mailing Address 126 Highland Avenue			
Mailing Address			
City Jamestown	State RI	ZIP 02835	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Simons	
Inventor's Signature		Date	
Residence: City Chestnut Hill	State MA	Country USA	Citizenship USA
Mailing Address 115 Grove Street			
Mailing Address			
City Chestnut Hill	State MA	ZIP 02167	Country USA
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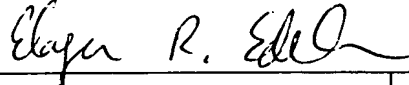
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Address					
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Country		Telephone		Fax	
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Given Name (first and middle [if any])			Family Name or Surname		
Martin G.			Sirois		
Inventor's Signature			Date		
Residence: City		State	Country	Citizenship	
Montreal		Quebec	Canada	Canada	
Mailing Address 5000 Belanger Street					
Mailing Address					
City		State	ZIP	Country	
Montreal		Quebec	H1T 1C8	Canada	
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Given Name (first and middle [if any])			Family Name or Surname		
Elazer R.			Edelman		
Inventor's Signature			Date		
			11/27/01		
Residence: City		State	Country	Citizenship	
Brookline		MA	USA	USA	
Mailing Address <del>91 Baxter Road</del> 30 WARREN ST.					
Mailing Address					
City		State	ZIP	Country	
Brookline		MA	02146 02445	USA	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Inventor's Signature			Date		
Residence: City		Montreal	State	Quebec	Country
				Canada	Citizenship
				Canada	
Mailing Address 5000 Belanger Street					
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				H1T 1C8	Country
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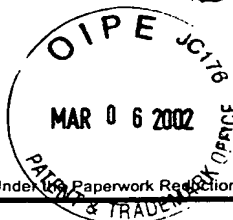
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert D. <i>Robert D. Rosenberg</i>		Rosenberg	
Inventor's Signature <i>Robert D. Rosenberg</i>		Date <i>12/15/01</i>	
Residence: City Jamestown	State RI	Country USA	Citizenship USA
Mailing Address 126 Highland Avenue			
Mailing Address			
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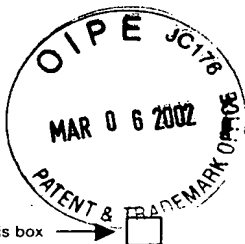
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NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Martin G.			Sirois		
Inventor's Signature			Date		
Residence: City		State		Country	
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Citizenship		Canada			
Mailing Address 5000 Belanger Street					
Mailing Address					
City		State		ZIP	
Montreal		Quebec		H1T 1C8	
Country		Canada			
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Elazer R.			Edelman		
Inventor's Signature			Date		
Residence: City		State		Country	
Brookline		MA		USA	
Citizenship		USA			
Mailing Address 91 Baxter Road					
Mailing Address					
City		State		ZIP	
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<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert D.		Rosenberg	
Inventor's Signature		Date	
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Country	USA	Citizenship	USA
Mailing Address 126 Highland Avenue			
Mailing Address			
City	Jamestown	State	RI
ZIP	02835	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Simons	
Inventor's Signature		Date 12-9-01	
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Country	USA	Citizenship	USA
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City	Chestnut Hill Hanover	State	MA NH
ZIP	02167 03755	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
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Mailing Address			
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